



2019 Community Event Sponsorship Program

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Request Form Input Draft

On this form, please include details relating to the sponsored organization and event, not your community information.

External Organization Information

Name of Organization to Sponsor *

City of Willoughby Hills - Recreation Department

Please enter information for the third party receiving a sponsorship

Contact Name and Title: *

Gloria Majeski, Executive Assistant to the Mayor

Address: *

35405 Chardon Road

City: *

Willoughby Hills

State: *

Ohio ▼

Zip: *

44094

Phone: *

4409188730

Email: *

gloriamajeski@willoughbyhills-oh.gov

Non-profit Organization? *

☒ Yes

☐ No

Event Details

Name of Event: *

Gloria Majeski

Attending

☒ Attending

Start Date: *

10/18/2019

End Date:

10/18/2019

Only required if different than start date.

Brief Overview of the Event: *

Our Annual Halloween Party and Hayride draws children from the City of Willoughby Hills and surrounding communities with an opportunity to participate in costume contests, numerous games with candy prizes, refreshments, and a great hayride (fun for the whole family). This provides a safe environment, regardless of the weather, and is a great alternative to the traditional Trick or Treat for youngsters.

Primary Target Audience: *

Our primary target audience is children ages 1-14. Whole families, however, come to enjoy the refreshments and participate in the Hay Ride.

Estimated Attendance: *

500

Organization Bank Information

Bank Name

Key Bank

Routing #: *

041000153

Account #: *

01669726915

Amount Requested: *

\$ 1,500

Approval:

Applicant Signature: *

Date: *

Saved at 12:00:12 PM

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